

CLAIMS ONLY							Application Number 09/566618		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
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22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31	1						81					
32		1					82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40	1						90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49	1						99					
50		1					100					
Total Indep							Total Indep	3				
Total Depend							Total Depend	24				
Total Claims							Total Claims	27				